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Patrescence in Southern Thailand: cosmological and social dimensions of fatherhood among the Malay-Muslims.

Claudia Merli

Department of Anthropology, Durham University

ABSTRACT This article examines fatherhood among the Malay Muslims of Southern Thailand (representing a minority at the national level, but constituting the majority population in the region). Traditional practices related to birth and the postpartum period are upheld as a marker of ethnic and religious identity by the Muslims. Building on the concept of ‘patrescence’ as father-becoming, proposed by Dana Raphael (1975:70) the data presented show how the process of assuming fatherhood develops during pregnancy and continues after birth through a series of ritual practices in which a man contributes to female postpartum practices. The medicalisation of birth in synergy with recent literalist interpretations of Islam has impacted on these practices, making it difficult to comply with the ritual burial of the afterbirth, which constitutes the cosmological and physical anchoring of individual and ethnic identity to the soil.

Keywords: patrescence; Thailand; Malay-Muslims; traditional birth customs; identity

Introduction

Anthropological works focusing on reproductive health seldom devote attention to men's experience and perceptions of birth. This gender bias, overcome only in recent studies of masculinity, is partly due to the field being preferred by female anthropologists. In earlier male-dominated anthropology the involvement of men in activities related to childbirth was classified under the label *couvade*, treated as exotic magical-religious rituals, and susceptible to a range of psychological and social structural interpretations (cf. Rivière 1974), in recent times even termed a 'syndrome' (Klein 1991; Khanobdee, Sukratanachaiyakul, and Gay 1993). Based on fieldwork among Muslims in Southern Thailand, this article considers local male practices as part of 'patrescence' (Raphael 1975), a dynamic process whereby fatherhood is constructed through socially relevant concern for the physical, moral and social well-being of mother and child. Muslim men in Satun province contribute to building and shaping the experience of paternity (and maternity) by providing material tools used in postpartum women's practices, direct care of the wife, introduction of the child in the social world, and ceremonial burial of the afterbirth. These practices, at present heavily influenced by birth in hospitals, testify to the complementarity characterising gender relations in Southeast Asia (Ong and Peletz 1995). This study analyses how practices pertaining to reproduction in southern Thailand also speak of maintenance of cultural and ethnic identity, and are part of a process of arranging and ordering the 'cosmos', in the dual sense of universe (ordering the relation between human and non-human worlds) and social space (ordering the relation between Muslims and non-Muslims, between men and women). Cosmology is the range of discourses about this ordering.

The region

The Muslim population of Thailand was calculated to be between five and seven million in 1988 (Omar 2005, 4). The proportion of Muslims in Thailand's total population (65 million) is much debated and usually estimated at between five and eight percent, some calculating it as high as 10 per cent (Omar 2005, 4; Imtiyaz 2007, 323). The same problem surrounds the exact number of Muslims in the four southern provinces bordering Malaysia, namely Yala, Pattani, Narathiwat and Satun, where Malay-Muslims form about 75 per cent of the local population (Surin 1982, 16 cit. in Chaiwat 1987, 19). The designation of this group is subject of controversy since terms recalling Malay ethnicity are resented by the government, which prefers the term Thai Muslims, acknowledging only a difference of faith. The quite derogatory Thai term *khaek* (แขก, which means 'guest' or 'foreigner') was extended by the Siamese to Indians, Malays and generally dark-skinned people and is still used in the Thai parlance (Chaiwat 1987, 22; Omar 1987, 250).

The Malay-Muslims of southern Thailand have been portrayed as the turbulent peripheral minority within the Thai nation, with recurring waves of separatist rebellion against the Siamese kingdom (before) and Thai government (after) in the three provinces located on the south-eastern coast and which once formed the independent Malay kingdom of Patani. Satun, on the south-western coast, has never been theatre of major incidents and its level of integration is considered exemplary. The new escalation of violence characterising the southern region since 2000 cannot be ascribed exclusively to separatist militants, but has been met by firm military repression. After the military coup of September 2006, the southern situation remains unsettled with recurring news of bomb attacks and killings (cf. McCargo 2008 for an

excellent political analysis). This entrenched regional conflict was recently paralleled by a deep political and economic crisis reaching the capital Bangkok. Here, between 2009 and 2010 the Red Shirts supporting ousted PM Thaksin Shinawatra, demanded democratic elections and staged protests which finally broke into open confrontation and urban guerrilla engaging the army and police forces in April–May 2010.

I conducted research in Satun province, whose population according to the last census of 2000, amounts to 247 900, 67.8 per cent of whom are Muslims and 31.9 are Buddhists. Approximately 10 per cent of Muslims speak Thai and Malay (NSO 2001). Muslims in this region are mostly Sunni of the Shafi‘i school of law, but are now increasingly influenced by the presence of Wahhabi, Salafist and literalist elements often traceable to the influence of local people pursuing their higher education abroad. Alongside medical modernity these literalist streams contribute to the criticism or neglect of ritual practices once homogeneously considered representing local Islam (Merli 2008). Practices related to reproduction have also been affected by the increasing medicalisation of birth and the progressive marginalisation of indigenous midwives (called *mootamjae* หมอตำแย in Thai and *bidan* in Malay; Merli 2008, 2010).

Methodological note

Data presented were collected during approximately sixteen months ethnographic research on reproductive health and bodily practices (one in 2002, three in 2003, eight in 2004–2005, and four in 2006). The research was approved by the National Research Council of Thailand, and was conducted with the knowledge of provincial government, public health and local religious authorities. For the duration of research

I was affiliated to the College of Religious Studies at Mahidol University. Depending on the length of my stay I dwelled in or nearby the house of my adoptive family. I conducted participant observation of postpartum practices, semi-structured interviews with five indigenous midwives as key-informants, Islamic clerics, hospital personnel and women attending ante natal care services. Data examined in this article were mainly collected through questionnaire-led interviews with a convenience sample of 100 Muslim men residing in 10 different locations. A local male assistant fluent in both Thai and Malay conducted the interviews and filled the questionnaires which were later translated into English for analysis.

The results were coded as follows: contribution of men to pre-partum care, childbirth, post-partum practices, contraceptive practices, purchase of material goods, and treatment of the afterbirth. The respondents were verbally advised about the research aims.

Men in the birthing process

One of the phenomena related to reproduction which most attracted the attention of early ethnographers, anthropologists and psychologists was the *couvade*, a behaviour (or cluster of behaviours) by which the male partner of the expectant woman mimics her condition and/or labour pains, or otherwise manifests ‘symptoms’ of ill-health. *Couvade* was considered so relevant in ethnographic research that authors reported its absence as important ethnographic information (cf. HRAF database). *Couvade* expressed the assumption of an activity as ‘father’, and the acknowledgment of related responsibilities.

Whereas anthropology has, on the wave of feminism, devoted profuse attention to maternity, experience of mothering, and birthing from women’s

perspective cross-culturally much less is available on the experience of men. Recent studies pay attention to men's participation in birth and infant care as important moments in the construction of fatherhood (Lupton and Barclay 1997; Hobson 2002; Draper 2003a, 2003b; Dudgeon and Inhorn 2003). This consideration is intertwined with the increasing number of studies devoted to masculinity, often in relation to sexual health (Gutmann 1997, 2003, 2007). Demographic research pays attention to men's roles, but often limited to contraceptive choice (Greene and Biddlecom 2000). Studies on fatherhood usually focus on Western contexts and the cultural variations of the process are a seldom researched area, therefore men's voices and practices are rarely heard (Steinberg, Kruckman and Steinberg 2000).

In 1975 Dana Raphael proposed the term 'matrescence' to indicate the process whereby a woman becomes a mother (or 'mother-becoming'), and also hinted at the possibility to consider a similar process for men, giving it the name 'patrescence' (Raphael 1975). The term has not been successively used in scholarly debate, but I advocate its use to describe the process of becoming a father, against others such as 'fathering' or 'fatherhood'. Scholars have neglected the father's role as nurturer for bias related to Western conceptions of fathering (Ginsburg and Rapp 1991, 328). Exception is Radhika Chopra's (2001) sociological study on 'father love' as an example of a 'nurturing masculinity', muted and marginalised by feminist studies' focus on mothering. In the Thai (Buddhist) context the value of 'nurturance' pertains to both women and men, although for women is something 'determined' whereas for men it is 'voluntaristic and achieved' (Kirsch 1985, 310). I propose to look at patrescence in southern Thailand as a nurturing process, expressed as caring for the woman and child, but also as nurturing ethnic and religious identity.

In societies where the weight of extended families and communities is more evident the acceptance of a new child in the social and moral community is an immediate concern for people beyond the nuclear family. In Thailand, most young couples continue to be socially and economically dependent on their parents also after the births of their children, often cohabiting with one spouse's parents until they can constitute an independent household. In this context, the senior generations hold authority and may channel and direct ritual practices. This is evidenced by a recent survey conducted in Thailand's north-eastern Ubon Ratchathani province by medical personnel to assess the continual use of traditional practices following mother's kin's opinion, an element the researchers consider important in planning education toward abandonment of practices which go against *medical research evidence* (Kaewsarn, Moyle, and Creedy 2003, 366 my emphasis). Also in the southern Satun province approval of the elderly and perpetuation of the 'local culture' are related. The older generation is set as an example to follow even when male respondents did not provide other detailed rationales for why their wives perform postpartum practices. The feeling is that if practices were not beneficial they would not have been preserved, and the contentment of parents (specifically mothers and mother-in-laws) is of paramount importance. Adherence to postpartum practices demonstrates respect for the elders.

These practices can be read as forms of resistance when considering the pressure exerted by the discourses of modernity, whether in its biomedical or Islamic form. The 'lying by the fire' (*berdiang* or *salaian* in Malay; *juu fai* อยู่ไฟ or *juu kam* อยู่กรรม in Thai) and the use of a tool (*tungku* in Malay and *koon saw* ก้อนเส้า in Thai) to massage the woman's abdomen are still deemed essential to fully restore the mother after birth and, I contend, also to reinstate the ethnic and cultural identity.

‘Restoration’ here concerns boundaries: on the one hand individual bodily boundaries stretched by pregnancy, and on the other hand ethnic and cultural borders contested at the margin of the Thai state by the tows of modernity.

Spatial exclusion during birth

Jan Draper investigated British men’s experience and perception of the pregnant body and their presence/performance in the maternity ward, portraying a modern Western man whose presence in the hospital’s delivery room becomes the hallmark of a new fatherhood (Draper 2003a, 2003b). In other cultures the father’s presence in the delivery room is not ensured.

In Southeast Asia men are not always allowed visual access to the birthing event. In north-eastern Thailand husbands were expected to be present, staying by their wives’ side during childbirth. In recent years this arrangement has faded away, probably due to increasing number of hospital births (cf. Poulsen 2007, 74–5). However, in Malaysia men were habitually kept away from the birth scene (Peletz 1996, 217). Similarly, Muslim men in Thailand are not supposed to be present at childbirth (Hanks 1963, 126; Jirojwong 1996, 64).

Ethnographic research in Thailand’s southern Pattani province portrays men as removed from the birthing area and the postpartum confinement period when no men (including the woman’s husband) were allowed to visit the new mother. Only a male traditional healer could be present at a particularly difficult birth in case the village midwife (*bidan kampung* in Malay) could not resolve the labour (Fraser 1966, 70).

Home birth

In Satun, when women gave birth at home the father-to-be was generally excluded from the actual scene. Women laboured in a separate room, or a section of a room shielded from view, in the company of women (usually the *bidan* and one or more female relatives). Men could not enter this space and remained outside the partition or the house. All my informants considered this arrangement typical of the local culture and strictly observed, even if a man wished to be next to his wife to provide emotional support.

The *bidan* is usually the person ensuring that men do not trespass this threshold. She would add motives such as maintaining her own comfort and peace of mind during the childbirth. Some men had incorporated this explanation and provided it as the reason why they dared not cross the doorway.

All my children were born at home. I never assisted. I was very excited and worried when I heard the sound of my baby crying. I didn't want to see [the childbirth] because that would disturb the *mootamjae*.

Other men said their mother-in-laws would deny access, but some did not ask to enter for personal reasons, such as revulsion for blood. What men describe as a 'local custom' is apparently built as cumulative refusals at the hand of generations of *bidan* and other senior women, banning men from the place of birth.

Among the men who renounced their wish to enter the room many said that the request would sound very odd to 'local ears', a discrepancy with customary decorum.

I felt very excited and very happy, and wanted to see but I didn't ask because I thought if

I asked people: "can I come inside to see?" that would have been very strange.

I wanted to see and to give her will power, but could not go inside [the room] because

here the tradition is that a man must wait outside.

This exclusion from 'the room' translated into a collaboration at distance between father-to-be and *bidan*, sometimes following her direct request for assistance. Men communicate satisfaction for the help they provided.

I waited in front of the room [at home], I felt very excited and worried, but also proud. I didn't want to come inside the room because according to the local culture a man cannot enter. My wife gave birth at home and I could help when for example the *mootamjae* asked me "Can you boil the water?"

Men were also guarding the room's threshold from other kinds of intruders. In preparation for birth they collected thorny wood to be placed under the new mother's bed and in proximity of windows as magic obstacles against the blood-sucking spirits, whose floating entrails would get caught on the thorns.

Hospital birth

Nowadays when a birth occurs in a hospital setting the father-to-be is still kept outside the delivery room, and his supporting tasks have shifted toward accomplishing the bureaucratic *iter*; registering the birth and transferring documents to and from the delivery ward.

Although the ‘traditional’ rule of exclusion is well established some men were perplexed as to why a man should be banned from the delivery room. Despite this ban some men asked to enter the delivery room in the hospital but reported being met with refusals. However, to some informants, the hospital seemed a place where it was possible to forget the ‘local tradition’ and at least voiced their wish to attend.

At hospitals the reason for denying the entrance is another specific form of ‘culture’, that is the bureaucratic order of the medical organisation. Men recall that the off-limits area is signalled by signboards outside the delivery room, an effective deterrent. Other men refrained from asking because they suspected the doctor would answer negatively (whereas occasionally doctors and nurses allow a female relative to enter the labouring room). Men almost never mentioned one of the possible reasons for this regulation in the hospital, i.e. the presence of other labouring women in the delivery room apart from their own wife. Both Muslims and Buddhists would consider inconceivable for a man to witness other women giving birth.

Azan and acceptance of the child

Barring the father from the birth scene is suspended immediately after birth by the performance of a ritual act, the whispering an Islamic prayer in the child’s ear (reported by Fraser 1966 for the Pattani province). In Satun, people identify this recitation with the *azan*, the call for prayer. The father would whisper the *azan* in the boys’ right ear and the girls’ left one, and the version for a boy is longer, expressing the expectation of a greater religious commitment (like the regular attendance to congregations). Men follow this custom also in the hospital. These details were recalled by women and medical personnel alike but remarkably missing in the spontaneous accounts of most men. It is a first step to welcome the child into the

human and Islamic community, communicating that he/she is born a Muslim, similarly to what Wendy James calls – following Marcel Mauss – the ‘recognition’ of the child (2003, 199).ⁱ This act must be kept distinct from more formal ceremonies to follow. We can consider the very private and brief moment of the recitation of the *azan* as the father’s ‘recognition’ of the child, the assumption of paternity. In the hospital the recitation of the *azan* is followed by a series of bureaucratic procedures like filling in forms and registering the birth that are also the government’s way of issuing the social incorporation of the child and the assumption of fatherhood.

Men contributing to matrescence

Traditionally, to mark his new status and responsibility as father a man should perform a series of tasks which contribute to both securing his wife’s wellbeing after birth and her mother-becoming. Women perform heating by the fire lying over a bed called *khrae* (แคะ) in Thai and *gerai* in Malay. The vertical structure is made of plain wood boards and the platform is preferably made of bamboo slats cut longitudinally in half with the convex side facing upwards, and lengthways parallel to the longer side of the bed, leaving one centimetre or less between two slats. In Thailand the *khrae* is usually built by the husband (Muecke 1976), as in Satun local practice where occasionally a father can build it for his daughter. The husband collects the bamboo preferably in the forest, considered more solid than the bamboo growing near rivers. Other options include asking a friend to build a *khrae* against a sum of money, borrowing it from other households and returning it after completion of the postpartum period. Some informants built the *khrae* only for the first child, but for subsequent pregnancies another *khrae* was borrowed from friends or relatives. However, men usually stated that a new *khrae* must be built for every new child,

whereas a few said that the same *khrae* would be used for many years. Even if answers were diversified it seems that Malay-speaking informants were more consistent with the idea that the same *khrae* cannot be used for more than one postpartum period.

According to some male informants at the end of postpartum period three bamboo slats must be removed from the *khrae* and broken. Then, men wash the *khrae* with water and *sintuk* (in Malay, or *sabaa* สับซ่า in Thai; botanical name *Entada Phaseoloides* Merril), similarly used in Malaysia in ceremonies ‘to wash away’ bad luck. Cleansing the *khrae* assumes a value of de-pollution. The *khrae* is left in the sun in order to dry out before storing or using it for other purposes, as simple furniture, as a stall to sell fish at the daily market, or to dry fish under the sun.ⁱⁱ

Stoking the fire

During his wife’s pregnancy a man collects the wood (nowadays also charcoal) to stoke the postpartum fire (which cannot be extinguished during the whole period of use, which Muslims set at 44 days). This practice is reported for Thailand at large. People other than the woman’s husband were not allowed to perform this operation, and several precautions must be taken when selecting and cutting the wood, as this would have an effect on the baby, even determining the sex of the foetus (Anuman Rajadhon 1961, 117–118). According to Thai tradition the firewood was arranged in a cone, or pile, surrounded by thorns to protect it from the spirits (Anuman 1961, 118; Hanks 1963, 43; Poulsen 2007, 92). Hanks considers the woodpile a symbolic womb, on which the father has direct influence as the woman has on her womb. By way of this symbolic womb the father’s actions influence the child (Hanks 1963, 70).

In Satun, the majority of men who collected the wood also lit the fire the first time, with the exception of those from Malay-speaking villages where usually the *bidan* or the woman's mother performs this ritual lighting. When women lit the fire it is made of charcoal instead of wood.ⁱⁱⁱ Irrespective of the material burned, the husband is responsible for stoking the fire for the remaining customary 43 days of the confinement (in apparent contradiction with his 'exclusion' from postpartum area).

Burial of the placenta between cosmology and identity

Several cultures in South and Southeast Asia recognise a special bond between placenta and child, therefore separating the two by cutting the umbilical cord must be accompanied by precautions. The nourishing and emotional relation between child and placenta goes beyond the merely physical bonding and is depicted in the song for the Thai tonsure ceremony: 'the infant's hands embrace its placenta from which it sucks water day and night' (Hanks 1963, 31). The two form a sibling set and in Malaysia the placenta is considered the child's elder same-sex sibling, as it is the case in Satun.^{iv} As an older sibling the afterbirth has a protective role, and 'must be shown proper respect' (Peletz 1996, 219). The *bidan* in Malaysia would accompany the preparation of the afterbirth with prayers and incantations. The individual is grounded, anchored, or planted, in his/her sibling set and the destinies of both are interlaced, and great care is taken in selecting an appropriate place of burial near the house (Carsten 1991, 428; Peletz 1996, 219).

This point returns in the words of *bidan* in Satun, saying that to bury the placenta (*uri* in Malay, *rok รอก* in Thai) near the house will keep the child in close proximity to home and as an adult he/she will not abandon the community. In a fishing village one *bidan* said that a boy's placenta is buried closer to the street's

corner, so that when he is an adult will find a job out of the village; a girl's placenta is instead buried very close to the house so that she will remain with her parents.

The placenta burial can also signify the connection of a community to a territory. The *Bangkok Post* reported the persistence of the practice among the Muslim Cham minority in Bangkok, who would use the practice 'to justify their opposition to a possible displacement, synonymous with breaking the roots of the group' [my translation] (Gilquin 2002, 54). Eisenbruch (1997) analysed the sense of loss of displaced Cambodians through the bereavement for the 'lost placenta.' Therefore, the custom appeals both to an ethnic identification with a territory and to an individual's identity and belonging to a native house.

The placenta represents also a source of anxiety for the child's wellbeing. Carol Laderman (1991) reports on the recitation during a healing séance in Malaysia which portrays the ambivalent feelings people believe the placenta would harbour.

'He was brave, but he suffered injustice. Body of a beast with a human face, he is the genuine older brother. He rested in the original womb.' (173)

The placenta could vent the resentment toward the child who met a better fate, by causing the mother's postpartum depression (Laderman 1991, 66, 361). The relation between placenta and child is strongly ambiguous.

In Malaysia, as well as in Thailand, local systems of medical knowledge rely on various humoral theories, whose origins can be traced to derivations of Greek (namely the works by Hippocrates and Galen) and Indian medicine through the mediation of Islamic medicine, with the addition of Chinese theories (Laderman 1983, 35ff; 1987, 357; Manderson 1987, 329; Mulholland 1979, 84). The envy of the afterbirth can be a direct result of its incomplete humoral composition. In the Malay

humoral system, a human being is made up of four elements, earth, water, air and fire, whereas the placenta lists only the first two and lacking the latter which provide the breath of life. Also the spirits are humorally incomplete, formed exclusively of air and fire (Laderman 1987, 361). Placentae and spirits are therefore quasi-siblings of humans, and are for that reason envious (Laderman 1991, 142 n.74). The father-to-be deals with both entities during the time of birth, guarding the orderly separation of human and non-human worlds.

Placenta burial and anchoring the individual

Procedures of placenta burial recorded in Thailand vary depending on region and people's religion. Commonly the placenta must be thoroughly cleansed before burial; particularly, all the traces of blood must be removed from the placenta's surface or the child would develop skin rashes (Mougne 1978, 77). After washing, the placenta is usually wrapped in a cloth or set in another container, according to some scholars Buddhists would use a pot (as in Anuman Rajadhon 1961, 156). In the 1930s Wales writes of an increasing lack of concern about the destiny of the afterbirth, thrown away inside a pot (Wales 1933, 447).^v He described an indigenous midwife as preparing the placenta for the interment, put in a jar and then placed by the postpartum fire to dry out (Wales 1933, 447). According to Hanks (1963) the Muslims in Bang Chan (Central Thailand) would inter the placenta directly under the fire and dig it up again at the end of the postpartum seclusion to bury it elsewhere. The burying of the afterbirth is performed by the Muslims in a fashion similar to that for humans (cf. Carsten 1991, 428).

My informants in Satun used different containers. *Bidan* say that the common procedure is to wrap the placenta in a white cloth and to bury it under a tree. The

placenta may be placed first in a coconut shell in which a hole has been made at the bottom to drain the blood. The placenta is then transferred inside a cloth or inside a squared pouch or small basket (*bujam* in Malay) made of woven screw pine leaves (*Pandanus artocarpus*), and conventionally used to place betel leaves. Placenta and betel leaves share symbolical meanings (Merli 2008). As one of the traditional offerings to guests, ceremonial gifts (during engagements and weddings), ritual offerings to nonhuman beings (such as spiritual teachers and ancestors), betel is a substance which is used to create social bonds and kinship (cf. Reichart and Philipsen 1996, 23–24; Trankell 1995, 101). The placement of the afterbirth in the *bujam* would suggest a ritual presentation and offering of the afterbirth to the earth.^{vi}

Items can be added to the placenta before interment; in Satun black pepper, rice or rice husk, coarse salt, ashes, charcoal or turmeric are added, sometimes with a nail or pin – the latter to protect the baby from spiritual attack and malevolence.

Who is responsible for the actual interment? Wales describes the collaboration between the *mootamjae* and ‘a soothsayer,’ who would select a suitable place and the depth of the burial place (Wales 1933, 447). In northern Thailand in the 1970s the new father arranged for the burial of the afterbirth (Mougne 1978, 77; Muecke 1976, 378). In the same period, in the Pattani province of southern Thailand the burial of the placenta was a female task, performed by either the *bidan* or another female relative (Fraser 1966, 70).

In Satun people agree that in the past the *bidan* prepared the placenta and handed it over to the baby’s father for the interment, testifying once more to the collaboration between the two. Nowadays it is men’s duty to deal with the whole handling of the placenta, since *bidan* are excluded from the birthing scene, occurring in the hospital (cf. Whittaker 2002, 29 for northern Thailand). Men consistently report

adding salt to the cleaned placenta and lighting a fire over the burial place from three to seven days, after which time the dried afterbirth is unearthed just to be more deeply interred, usually near a big tree.

Men below the age of 35 do not usually perform the practice, whereas older men are familiar with it. A decline in the practice is clearly associated with hospital birth, but both a lack of transmission concerning the procedure and differing religious interpretations can be present. From the 100 men in my survey 84 answers stressed the burial would prevent immediate or long-term effects, which can be synthesised as follows: 1) prevention of illnesses to the child and maintenance of his/her wellbeing, 2) creation of cosmological, social and spatial bonds for the child, 3) utilitarian reasons. The most common answer (recurring 28 times) is that the burial of the placenta will prevent stomach-ache in the child. To ensure this the placenta must be thoroughly dried under the fire. Two Malay-Muslim men said that to prevent eyes' problems to the child, the placenta must be buried far-off the water, as moistness is a dangerous element. This spatial arrangement was confirmed by two indigenous midwives (one Muslim *bidan* and one Buddhist *mootamjae*); the placenta must be buried where there is grass, in the fields, far away from the water or river, possibly under a tree. The father's demeanour during the interment would help preventing eye maladies or strabismus in the baby. He must attentively look at the place selected for the burial, without getting distracted by the surroundings. A failure in keeping his eyes facing towards the right place would affect the baby's eyes.

The second reason is that the child would remain anchored to the place where the placenta is buried because it is his/her own possession and the child would not be able to abandon it.

Utilitarian reasons include keeping the placenta out of reach from wild animals, since a deep interment would prevent the animals being able to smell the afterbirth. When unable to provide a reason men reported following another elderly person's instructions and directives, often the *bidan*.

Hospital treatment

After birth in the hospital the placenta is disposed together with other organic waste. The father-to-be or another relative of the woman in labour should therefore inform the doctor or obstetric nurse about the intention to carry away the placenta after birth (cf. Peletz 1996 for a similar situation in Malaysia). In Satun, many people expressed their concern about having to ask the placenta back. A woman said:

In the hospital they throw it away, I wanted it back and sent my husband to ask for it but they had already put it together with all the others, they are all mixed up.

In this indiscriminate mixing, the identity of the placenta is lost. In Satun the custom of taking away the placenta for the burial is considered as pertaining only to the Muslims. In Khuan Don District Hospital, the nurses are almost all Muslims and usually prepare the placenta in a plastic bag, as they "know" the family would like to have it. In Satun General Hospital medical personnel would not arrange a bag unless they are explicitly asked to do so, partly due to the greater number of births and partly because the nurses are both Buddhist and Muslim. The Buddhist nurses are aware that this is an important custom, and perceive it as associated with Islam, but do not know the procedure to treat the placenta for burial. If in the past at the cosmological level the boundaries between Buddhists and Muslims were not clear-cut, in practice the

persistence of the ceremonies for the burial of the afterbirth among the Muslims indicate a divide which is ethnopolitically relevant, as it is marked as 'religious' by the Buddhists. Muslims consider it a 'local custom,' and it can be read as a means of anchoring not only the individual but the whole group to the land, ordering the social space.

The new father is usually the person who asks for the placenta in the hospital. In Satun, about 35 out of 100 male respondents said that they left the placenta in the hospital, forgot to ask for it in the frenetic minutes following the birth when they are usually busy completing the paperwork, or were too embarrassed to.

For the first birth at home I took the placenta to bury, I do not know why I must do like this, but I did it because the *mootamjae* asked me. And I follow what old people say. The second and third time the births were at the hospital and I did not take the placenta back home.

For younger men, often an elder male relative took the placenta back home, influencing the final outcome of the interment.

Concerning the processing of the afterbirths in the hospital younger men said that 'the doctor will destroy it,' at times emphasising 'I *hope* they have already destroyed it.' In the hospital the afterbirth could go through another kind of processing which can have been influential in reducing the practice of placenta burial among the younger generations. As medical personnel told me, in the past – an informant specified until 1994, the placentae were collected and retained in a freezer, then sold to a company which sent them to Japan for the production of cosmetics. Under this agreement medical personnel would not return the placenta to the child's family, even when they expressly received the request. People stopped asking for it.

With the onset of HIV infection and the increasing numbers of HIV-positive pregnant women in Satun (about 1.8 per cent of all pregnancies according to PHO data) this course of action has been halted. Having lost their commercial value placentae return nowadays to be either organic waste or ‘subjects’ of ritual interment.

Introducing the newborn child to the community

The ceremonies which introduce the newborn baby to the community are usually arranged as a presentation to the social (male) world and men play a major role in them. Ceremonies include the shaving of the hair, name giving, and the placement in the cradle and can be performed together. Objects are passed over the baby’s lips, including a ring, honey, sugar, salt, banana, cooked rice, a date. This action is called in Malay *belah mulut* or ‘opening of the mouth’ (literally ‘splitting the mouth’, or as some of my informants implied, ‘cutting’ the mouth) and in Thai *pid paag* (ปิดปาก, literally ‘to close the mouth’). Both terms imply guarding the baby’s speech and expressions against lying and gossiping.

That this ceremony is meant to primarily involve men is confirmed by similar arrangements in Pattani, where the meal was offered only to Muslim men (whereas women and unbelievers were excluded) (Fraser 1966, 71) and in the neighbouring Terengganu state in Malaysia, where women could only be spectators and prepared the meal (Strange 1981, 59). In Satun, I have witnessed the ceremony on one occasion, women could glimpse into the room where the ceremony was performed but were not allowed inside it. The meat of the goats slaughtered ceremonially on this occasion (two for a boy and one for a girl) cannot be offered to non-Muslim guests, who are served substitutive dishes.

These ceremonies are an example of gender complementarity with respects to birth. Whereas during birth men were excluded and are still kept outside the labour room in the hospital, on the occasion of the postpartum ceremonies men gain a relevant role as nurturer and agents of acceptance of the newborn in the social world.

Conclusion

Medicalisation of birth has impacted on women's experience by submitting their embodiment and physiology of labour to protocols, routines, pharmacological interventions and active management. These same practices impact on men's roles before, during, and after birth. Paraphrasing Raphael's formulation on matrescence (1975, 69) we could equally ask concerning patrescence 'indeed, who is fathering the father?'

More attention needs to be devoted to male experiences of reproduction and the process of becoming father as clearly indicated by the United Nations' ICPD report, under the heading 'Male responsibilities and participation' (1995, 27-28). This article presents the rich material available in a circumscribed setting, further research could address a wider comparison between Muslim and Buddhist men's experience in this region.

Men and *bidan* have been progressively excluded from the birth scene by medical practitioners determining changes in the custom. During the time of birth Muslim men in Satun deal with the quasi-human world in order to protect their children, guarding off malevolent spirits and ceremonially burying the envious placenta. Men demonstrate their nurturing commitment with a number of acts which set the borders between cosmological worlds and welcome the baby in the human,

Islamic community. In doing this they also attend to their own patrescence and to the process of mother-becoming.

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i Among the Tai Yong in northern Thailand, before the first breastfeeding a few grains of rice are placed in the child's mouth to define the newborn as a human being (Trankell 1995, 168).

ii The Malay term *salai* indicating 'lying by the fire', is the same used to indicate the process of exsiccation (and therefore preservation) of the fish under the sun.

iii Coastal villages may have difficult access to wood.

iv On the Malaysian Langkawi Island, off Satun coast, the placenta is instead considered the younger sibling (Carsten 1991, 428).

v Others write that it was considered forbidden to throw away the placenta (Anuman Rajadhon 1961, 132).

vi These days, a plastic bag is often used to transport the placenta from the hospital, but several people opposed this use, since the fluids would be retained, jeopardising the child's health.